Industry Calling!

Is There a Doctor in the House?

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• **Medical service is needed in industry by both management and labor as never before. Industry is just beginning to awaken to this need. The medical profession is largely unaware of it. Unless physicians are prepared to heed this call, there is danger that management and labor will come to a bipartisan agreement over the bargaining table which will specify the amount, quality, and price of medical service irrespective of the effects of such an agreement on the practice of medicine. Such agreements should invariably be tripartite—between management, labor and medicine—if we are to continue to strive for medicine's traditional ideals: The best of medical care for all alike.**

This situation imposes at least two important obligations on organized medicine at the national level and especially at state and local levels where there is industrial concentration:

1. Provision of a strong and competent committee or council whose members are especially interested in occupational medicine and who will make their presence known to management and labor alike, offering to advise with them on all medical problems, to mediate their disagreements or medical questions, and to help them attain a common goal.

2. Assisting the members of organized medicine who are interested, to learn more about the medical problems peculiar to occupational health.

"IS THERE A DOCTOR IN THE HOUSE?" is a call that physicians sometimes respond to with reluctance, for the circumstances are often unfavorable to the best use of professional skills. Now, however, there is a new call—faint but growing louder—that we can respond to without reluctance. Now is the time to prepare to answer it. It cannot be ignored by organized medicine. I refer to the call of growing medical needs in industry from both management and labor.

My discussion will be confined to the preventive, diagnostic and medical administrative activities commonly provided in the larger industries of the country today. I shall not discuss comprehensive medical care such as is now provided in some union health centers and by some group insurance plans to which either union or employer, or both, subscribe.

My purpose is to call your attention to industry's need for wise medical guidance and service which can be met only by physicians with an understanding of industry's needs and opportunities. This means an understanding of at least the more common toxicological problems, a sense of the vast opportunities in preventive medicine to safeguard and preserve the health and productivity of the worker, and of the important part medical knowledge and wisdom play in cooperating with management and unions in job placement, and, finally, an awareness of the opportunities that exist for much needed research in the whole field of occupational medicine.

URGENCY OF INDUSTRY'S NEED

Medical service is needed in industry today as never before. In many parts of the country, especially the West, industry is just beginning to awaken to this need. The medical profession is as yet largely unaware of it. Unless we, as physicians, are prepared to heed this call, there is danger that management and labor will come to bipartite agreements over the bargaining table which will specify the amount, quality, and price of medical service irrespective of the effects of such agreements on the practice of medicine. Such agreements should invariably be tripartite, among management, labor and medicine if we are to continue to strive for medicine's traditional ideal: The best of medical service for all alike. This ideal will be attained sooner if we can preserve the freedom under which medicine is practiced in this country today.

SOME REASONS FOR IT

The present-day situation has caught many of us by surprise. It has evolved as a result of profound sociological changes which have come about rather recently and rather swiftly. Among these changes are:

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1. Unprecedented Migrations During and After the War

In this period of full employment and high wages thousands of families have left the farm to go to the cities to seek higher incomes. Families living in the cities have moved to the suburbs. There has been a special migration from the northeastern and north central states to the western states. California alone has gained six and a third million inhabitants since 1940. The migration to this state continues, showing a gain of two and two-thirds millions since 1950. If the present rate continues, California will exceed New York State in population in 1967.[5]

2. Fringe Benefits in Lieu of Increased Wages

One of the most important occurrences in the industrial life of our nation may have escaped our attention when it first happened. This was a ruling by the courts in 1949 to the effect that so-called fringe benefits were a subject for negotiation between the employer and employee and could be granted in lieu of increases in wages. Today more than 11,000,000 workers have medical fringe benefits, for which employers pay over $250,000,000.[3] This trend is increasing so rapidly that today's figures are out of date tomorrow.

3. Voluntary Prepaid Medical Care Plans

Another phenomenon whose effect on medicine we now view with surprise is the unprecedented popularity of various forms of prepaid medical and hospital care insurance plans. Today well over 100,000,000 persons in this country have voluntarily purchased some sort of protection of this kind. In 1936 fewer than 10,000,000 people were so protected.[4] This trend reflects in part the effectiveness of organized medicine in pointing out the dangers and fallacies of medical care paid for and regulated by the government. Little did we think 20 years ago that in 1956 many physicians would receive 60 per cent of their fees not directly from their patients but from a third party insuring patients. Yet physicians in various parts of the country report this to be the case today. This is not to say that all the 100,000,000 people so insured (voluntarily) have sufficient or adequate protection. Nor is it to say that all are satisfied with the protection that they now have. There is, however, every indication that more and more of this kind of insurance will be sold through Blue Cross, Blue Shield or the commercial insurance companies, or by groups of physicians specializing in this field.

Medical care insurance is relatively new for many of the older and larger insurance companies, and many of them are feeling their way to see precisely what the public wants, what the physicians want, and how they can best satisfy the growing market with plans that are actuarially sound. It was physician-sponsored plans, such as Blue Cross, Blue Shield and our own California Physicians' Service that pioneered the way. Their service and their experience have been invaluable and will continue to be so. The other day one of my colleagues in New York was decrying the fact that the commercial insurance companies delayed entering the field in any volume until Blue Cross and Blue Shield were well on the way. To this a past president of a New York medical society replied, "But you must remember, Doctor, it is the reason the rabbit kept ahead of the hound: The rabbit was running for his life, while the hound was only running for his dinner. We in medicine were the scared rabbit. The race has been salutary because it has resulted in a firm bulwark against government control of the practice of medicine."

As I talk with practicing physicians in various parts of the country, I find them aware that these voluntary prepayment plans, imperfect as some may be, must be made to succeed, for if they do not, the government will take over. They are also aware that the practicing physicians of the country can make or break any kind of prepaid medical care insurance. They will make it successful if their charges are based upon the usual standards, irrespective of the existence of insurance; if they will assume their proper role of responsibility in filling out reports and certifying only to disability that truly exists; and if they will render only services that are needed according to the commonly accepted standards of good medical practice. Likewise, the insurance companies, with Blue Cross and Blue Shield, must learn how to simplify the physician's task and how to provide what the public wants at a price it can afford.

4. Awakening of Industry

Another major sociological phenomenon accounting for our present situation missed the attention of many of us. It also occurred in 1949 when the steel industry board said publicly: "We think that all industry, in the absence of adequate government programs, owes an obligation to the workers to provide for maintenance of the human body in the form of medical and similar benefits, and full depreciation in the form of old age retirement—in the same way as it does now for plant and machinery. This obligation is one which should be fulfilled by enlightened business management, not when everything else has been taken care of, but as one of the fixed costs of doing business, one of the first charges before profits." As the full significance of this profound statement has gradually permeated industry, it has brought about the increasing demand for medical service to which I have alluded.

MAJOR PROBLEMS CREATED

To borrow a word from *The King and I,* we face many "puzzlements" in this area for which we might have been better prepared had we known what was coming. One of the most important is the dearth of well qualified and specially trained physicians willing to devote their careers to industrial or occupational medicine.

Another "puzzlement" is the indifferent attitude on the part of many industries that have been pushed by competition or bargaining into a medical program, the exact nature of which they do not understand.

Still another problem is the fact that in medical school students are given precious little training or even orientation in occupational medicine.

Another problem until recently was the lack of provision for postgraduate specialization in occupational medicine.

Perhaps the most puzzling problem has been the fact that 90 per cent of the employers of this country and nearly 80 per cent of the workers are in establishments where there are fewer than 500 on the payroll—too few to justify the employment of a full-time, specialized medical director. Thus some 45,000,000 workers must depend upon a local physician who gives only a part of his time to the problem for whatever occupational health guidance they get.

Lastly, industry is literally swamped with medical research problems crying for solution. I refer to these in more detail elsewhere.[6] Suffice it to say here that the human race has never been surrounded by so many man-made hazards. They range from speed and mechanization through potentially toxic new products and by-products; from insecticides to food adulterants; from unprecedented pollution of our air and streams to the products and by-products of nuclear fission. It is to the everlasting credit of physicians and industrial hygiene engineers that this enormous array of man-made environmental hazards has thus far brought about no serious increase in mortality. The impact of these physical agents on man's physiology and the enormous related problems of mental and emotional stresses constitute a series of medical research problems whose solution is essential to man's survival.

I have no doubt that these problems can be solved when we set our minds to it. Indeed, there is evidence that many of them are on their way to solution.

SOME SOLUTIONS

The best training institutions, of which there are already seven or eight in this country, report an increasing enrollment of both medical students and engineers who wish to pursue careers in occupational health. The type and duration of the training needed are being worked out to the satisfaction of the Council on Medical Education and Hospitals of the American Medical Association. Great impetus has been given to the solution of this problem by the recent recognition by the Advisory Board on Medical Specialties and the Council on Medical Education and Hospitals of the fact that industrial or occupational medicine is not only a specialty within medicine but is respectable. The American Board of Preventive Medicine is now considering more than 700 applications of physicians in this country who wish to be certified as specialists in that field. They are preparing an examination and a list of those considered eligible to take it. The first examination will probably be offered next year and at least annually thereafter. Successful applicants will receive certificates attesting their special competence in the field of industrial medicine. This one development alone serves to break the bottleneck which has been impeding progress these many years. Thus, physicians will understand better what specialization in industrial medicine means, and industry will understand better what it may expect from qualified industrial physicians.

Too many industrial concerns still have little idea of what to expect from their medical advisor or what he may expect from them. There are those who think they can hire a physician as they would an unskilled laborer—the employer specifying the wage to be paid and the work to be done. A physician accepting even part-time employment under these conditions is foolish. This situation will be remedied in time, as we hear more and more captains of industry express themselves as did Mr. H. W. Anderson, vice-president of General Motors, at a recent meeting: "The evolution and development of our own health maintenance program is in itself a tribute to the fine work performed by our staff of some 160 industrial physicians. They have established themselves and the importance of their function through the countless evidences they have provided in terms of service to employees and in the value of their counsel to management."[1]

Better orientation of the medical student is on its way. A recent conference in Kansas City of professors of preventive medicine and medical leaders in industry focused attention on the importance of preparing young physicians for the fact that within their first ten years in practice over half of them will have had some connection with industry.

The problem of the smaller industrial concern is perhaps our most difficult one, but it is not an impossible one to solve. If medical students are properly oriented, those who develop a natural interest in the services they can render industry will

contribute greatly to the solution. They do not have to become specialists any more than they need specialize in ophthalmology to prescribe for the commoner kinds of eye disease. Most physicians now practicing had professors of ophthalmology who taught them the newest and best methods of treating the commoner types of eye disorders and, most important, taught them to recognize the serious eye disease which needed a specialist's attention and to refer the patient quickly. Precisely the same thing happens in industry with the part-time local physician. He can, with proper natural interest and self-education, take care of a great majority of the medical problems in industry. Above all, he will learn to recognize those which require prompt reference to a qualified specialist. He does not need to be an expert toxicologist if he can recognize a toxicological problem and quickly locate an expert consultant. Most state departments of health in states where industry is concentrated have consultants available on short notice. Many university medical schools and engineering schools have consultants readily available. Many highly qualified medical experts in this field confine their practice to consultations with industry and its medical directors.

So I have no slightest doubt that these "puzzlements" which face both us and industry today can be solved. They need to be solved as quickly as possible, and the speed with which they are solved will depend upon our recognizing and defining the problems accurately, and then working together among ourselves and with industry toward their solution.

SPECIFIC TASKS FOR ORGANIZED MEDICINE

Specifically, there are two important obligations on organized medicine at the national level and, where there is industrial concentration, at state and local levels. The first is the provision of a strong and competent committee or council whose members are especially interested in occupational medicine and who have some competence therein. Under the banner of a state or local medical society they should make themselves known to management and labor alike, offer to advise with them on medical problems and to mediate their disagreements on medical questions, and to help them attain our common goal. To some of the more conservative members of medical societies this may seem a strange role for us to assume—almost like advertising our wares. So long as it is done under the aegis of the state or county society, there is nothing unethical about it, and it fits in very well with what our public relations department of the American Medical Association and our Council on Industrial Health have been advocating.[2] Many will recall that it was our fellow member, Dr. John Cline, who, as President-elect and later President of the American Medical Association, got us off to a good start with our public relations. Heroic problems call for heroic measures. The proper functioning of such a council or committee, under wise and even at times slightly aggressive leadership, will go a long way to forestall intolerable conditions from which we cannot later extricate ourselves.

This council or committee should be in constant touch with labor unions and with various management groups, such as the chambers of commerce, local branches of the National Association of Manufacturers, branches of the American Management Association, and various trade associations—for instance, those in oil, construction, mining, manufacture, and finance. It should have at its disposal a list of available, interested physicians, competent to do at least part-time work in industry. This committee should not hesitate to make clear to an industry its need for medical skills, what to expect of its medical advisor and his staff, and what the medical director will expect from the industry.

The second obligation rests largely on the shoulders of the committee or council mentioned above, although it remains the responsibility of the state society to cultivate at least a receptive attitude on the part of all its members. There is no reason for serious differences between the physician practicing good industrial medicine and his colleagues in other types of practice. Differences usually arise from misunderstanding.

The state committee or council on industrial health should take responsibility for helping members who are interested to learn more about the medical problems peculiar to occupational health. These include medical administration in industry, toxicology, preventive medicine to safeguard the health and safety of the worker, cooperation with management and unions in job placement, and opportunities for much-needed research in industrial medicine. The state council on industrial health can be most helpful by organizing short courses for physicians, publishing informative articles in professional journals, abstracting useful articles of common interest from the specialist journals, and arranging repeatedly and in all parts of the state discussion groups among management and labor and medicine to consider common problems. This is the essence of the program of the Council on Industrial Health of the American Medical Association. Its work is greatly facilitated by having a counterpart in state societies.

I look hopefully for the time in the not-too-distant future when each practicing physician, specialist

and general practitioner alike, will have learned to be alert to the health problems involving occupation, will think twice or at least seek consultation before attributing a given ailment to occupation, will show appreciative respect for the opportunities for sound preventive medicine offered in industrial surroundings, and for the physician who devotes his specialized medical career to industrial medicine. When that time comes, the industrial physician, be he part-time or full-time in that field, will be a respected colleague and consultant who can be helpful to the attending physician in arranging work modifications upon return from illness, relieving stresses and hazards connected with occupation, often assisting with diagnosis by providing the medical aspects of the patient's work history, and helping all of organized medicine to uphold the unique values of the practice of medicine under the freedoms which we enjoy in this country today.

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